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LEADING ARTICLES

TREATMENT OF DISEASES OF SKIN PIGMENTATION.

ALBERT S. ASHMEAD, M. D.

CANADENSIS, PA.

Pinta or ccara is a disease essentially characterized in spots of distinct colors which appear on the skin accompanied by epidermic desquamation, like syphilis. It is designated by different names. In South America where syphilis also reigns, and has done so for perhaps hundreds of years before Columbus came here, pinta is very common. Besides its disturbance of skin pigmentation it is curable in its early stage. Iodine preparations with or without mercury, according to the stage of evolution of the disease, give magnificent results. And even when the proliferation of pigment zones begins injections of mercury with topical iodines are absolutely curative. But later on, just as in syphilis, the iodides alone are probably most reliable.

There are two diseases well known to us, which show a disturbance of the vitality and natural repair and waste, in the pigment layers of the skin, that are readily cured by the iodides: leprosy is one of them, and syphilis, in both its secondary and tertiary stages. But pinta is the one, above all others, the best one, to study to arrive at some definite conclusion as to why the iodine preparations work such miraculous effect with the pigment layer of human skin.

Pinta is a disease of Colombia, Mexico, Peru, and some East Asiatic countries. Natives where the disease exists hold strange views concerning its cause.

Wherever it is endemic they hold that it is put upon them by witchcraft, that feeding toads with certain kinds of corn (red, blue, etc.) and the excrement of these animals taken in aqua ardient, or in other vehicle (unbeknown to one) is what originates pinta; that there is something occult, which but few persons know of, to cause the disease to take the form and extension which it wants is the belief of all the superstitious ones.

In Huancarqui in Peru, where nearly every individual is pintose, they say, that women are the cause of the evil, and they even employ as a prophylactic charm against pinta the placenta of a primipara recently delivered of a male child. This is given to a person to preserve him from pinta, just as old women do with us, with the caul which sailors believe if taken to sea with them, will preserve them from ship wreck.

In some pinta affected places in Latin-America, the cause of the disease is attributed to lizards, especially the chameleon-hued one, who, it is thought, can practice like witches.

It is known that there are four varieties of toads, whose differential characteristic is color; blue, white, black and red spottings.

The superstitious ones of the population believe that these colorations are due to certain foods which have been eaten, and it is this which gives the reptile its peculiar marking, and they believe that their ownfood gives themselves the peculiar coloration.

However this may be, it is a strange fact that on one side of a certain river in Peru, you will find a community vastly smitten with pinta, and directly across this river a population living, with none at all attacked by the disease. For this, scientists have claimed that one side is better protected by hills, from variations in the weather, such as temperature, humidity, etc., to which people living on the other side, were more exposed, and that by this fact the surface of the skin has suffered in one place and not on the other.

Why does pinta sometimes limit itself in

its point of attack, and at other times, extend over the body. The sudorific glands especially are overworked more incessantly in one climate than the other, and thus elimination of the toxic products is favored or estopped in greater or less proportion to prevent extension.

Dr. Montoza affirms that all varieties of pinta (karates) are aspergilosis of the skin,

Photograph No. 1.

that they are simply dermatoses. And he sustains his position by the fact that in the scales thrown off by desquamation in the pintoses he found fungi, very well characterized, very similar to aspergiles, and corresponding to tricophytons. He even proved the presence of fungoid products of violet karates (pinta) in certain mineral spring water of the endemic regions.

Prof. Roux says: "Some persons think that this disease is transmitted by the inter-mediation of mosquitoes, which first bite the diseased persons, but this hypothesis has utterly failed of definite proof."

Fungoids undoubtedly have great value in the production of pinta, and persons acquire the disease merely by passing through a place where pinta is endemic. Those persons who work where there are stagnant waters are mostly afflicted by this disease.

There is a curious belief in certain pinta regions of South America. Everybody knows there is there a variety of dogs called commonly Chinese dogs (canis Caraibeane) or Perro Turco. People believe that these animals show on their skin spots of distinct colors, which are reproduced exactly in pinta. Familiarity of mankind with this animal has always been intimate, and the disease reigns endemic wherever these dogs exist in abundance.

All ages of human beings are attacked, but adults are most numerously affected. The Indian race is much afflicted; but the negro race has the greatest predisposition to contract pinta, and hardly ever is there a negro who reaches old age without it, and nearly all negroes who go to a place where the disease is endemic are attacked by it. Is this because of the abundance of sudoral secretion, or of super-pigmentation of the Malpighian layer, in such individuals?

I publish here photographs of the different varieties of pinta or ccara. "Carate" means proliferated skin in Quechuan language. "Caracha" in Quechua means Sarna (itch). "Karacha" or sarna seca (dry itch) is a disease which attacks the sheep of Peru, similar to Sarna or Rona of the llamas.

A word now about these varieties. The spots generally have a circular form. The natives attribute forms to the spots just as we do to our birth marks, believing that they represent certain things, as a strawberry, or a mouse, etc. They attribute the picture appearing on the skin, to the planting of a witch's hand. Blue pinta is very rare, but sometimes it is met with accompanied by the black and white varieties. Blue pinta is most perfect in the Indian race, and is situated usually on the face.

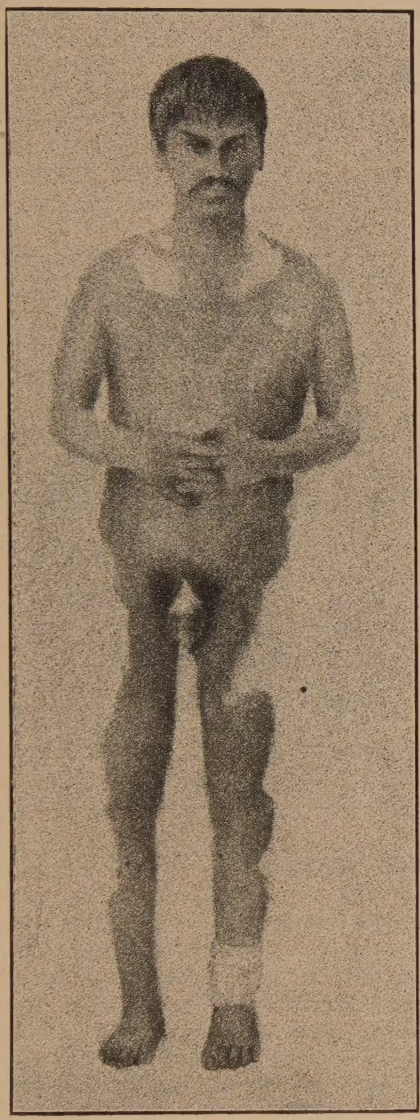
In the negro, transitions from black to blue variations, are difficult to discern.

Rose colored pinta is much more frequent than the other two varieties. The face and upper members are mostly attacked by it. Sometimes the rosaceous color turns white, and at times the white appears rosey. The coloration of some spots is rose-scarlet; it preferably attacks the face, neck and chest. Pruritus is intense and there is less sweat than in the others. The odor exhaled is also less pronounced than in the other varieties. White pinta is the most frequent and takes root in the natural folds of the skin, and it is this variety into which all the others terminate. It is the final step of the disease.

Therefore in endemic centres you find more white, than other colors of pinta, and the white spots are the most extended on

the skin. The hairs are completely discolored. There is no alteration of sensibility in any of the kinds.

Black pinta has the skin layers very similar to those of Chinese dogs, a multitude of pigmented cells, scattered over the



Photograph No. 3 is generalized white pinta.

generative layer like black powder. In the white pinta the spots are due to destruction of the pigmented zone.

White and black are the two extremes, and the other colors are intermediary. Microscopic caverns are formed during the advance of the disease in the skin layer, and the capillary blood finds entrance into the sinuses. Luminous rays engender the colors in the spaces formed, brown, clear, violet, blue, etc., as observed in the pintoses; by changing the red coloration of the blood. And finally in advanced pinta, we have only red or white left.

All pintas commence with black variety, due to proliferation of the generative layers, these proliferations are strangulated, and then become included in the epidermis, of the horny layer, and finally they are eliminated in the form of scales or desquamation. The true defense of the skin to the advance of the disease, therefore is to stop the excursion of the germs to the exterior, to make the skin thin itself out, to diminish the thickening; in this manner pinta spontaneously cures itself, and quickly

Photograph No. 3 is symmetrical rosaceous pinta of the lower extremities.

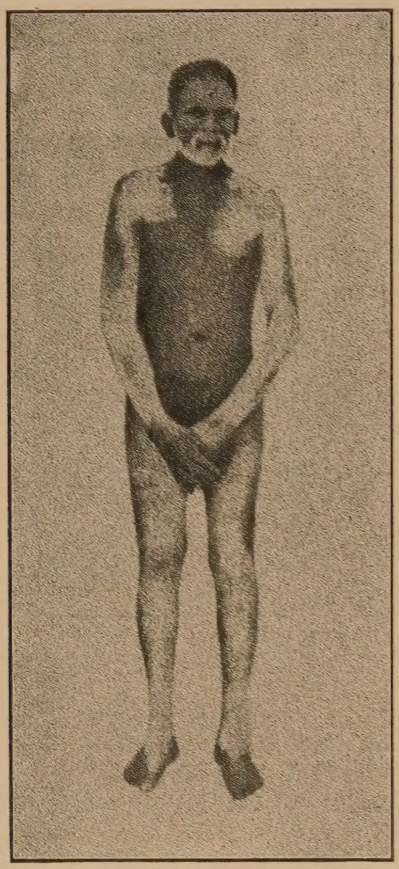
concludes its evoluting advance after the black period. Proliferation of the pigmented layer is originated by the germ, which has been found in the scales and microscopic caverns.

Pinta may be confounded with vitiligo. But in vitiligo there exists a superpigmented zone around the discolored plaque, hyperchromic which diminishes insensibly as it goes away from the plaque, also it is presented usually following grave disease.

A sensation of rigidity and tension are noted in scleroderma and not in pinta. Edema is never noticed in pinta, nor any general symptoms of initiation. In scleroderma the skin shows scaley plaques colored brown or yellowish, tiger colored, but there are neuralgias, and sensations of constriction, never observed in pinta.

Leprosy has alteration of sensibility in its spots, and the bacilli of Hansen to guide us.

Morphea has whitish yellowish and violet spots, with desquamation, without alteration of sensation. The elevation of skin about the spot is evident in morphea. The subcutanous tissues and muscles are destroyed in morphea, never in pinta. The scales in morphea are not readily shed, they appear, in general, after many years of the disease and are less abundant. In advanced period of the disease, the granular layer and the keratinization of the skin di-



Photograph No. 4 is generalized rosy colored pinta.

minishes. These never occur in morphea. Cloasma presents itself in persons with grave disease like cancer, tuberculosis, etc., and does not have desquamation.

Nervi maternis is congenital and has vascularization present. Chromhydrosis has no desquamation, and blurs at times, which is never the case in pinta.

Pinta does not produce death of the individual. Pinta when we pass its stage of black, is incurable, but before the pigment bodies or cells, have been proliferated outwards, it is susceptible of cure.

I have recently had remarkable success in the treatment of disturbances of skin pigmentation in a Colombian resident of New in York City in an early stage of pinta, and three cases of syphilis. The pinta case was sent to me, supposed to be a leper. The maculation on the chest and back were dark colored, irregular shaped, but without insensibility. By three months treatment it had improved so much, that I began the use of the same remedy in some other diseases, in which skin pigmentation, is a significant symptom. I made daily inunctions in all these cases just as we do with mercurials. The remedy I used is cleanly, and there is no irritation resulting, as by some other iodine methods, in fact the

Photograph No. 5 is red pinta, in whose vicinity may be noticed a super pigmentation, the beginning of black pinta.

treatment I employed I judge could be kept up indefinitely without complaint.

In the pinta case I applied iothion, a Berlin preparation of iodine, three or four times daily, on the spots over chest and back, keeping the patient thus saturated. In the cases of the syphilitics, I used it more as inunction on two women of the upper tenderloin of New York, both secondary cases, and on a man who had tertiary symptoms periosteal nodes and coffee colored stainings, on limbs and chest. In the syphilitics I continued the remedy for fifteen months, off and on, conjoined with internal treatment of mercury; in all these three, I used, as I usually do, the bicyanide of mercury, with a mercurial bath each week. One of them had an iritis and syphilitic nails of both hands and feet. The palmar and solar syphilides were very obstinate. This patient had to

wear gloves all the time, because of the manual disfigurement. Finally even in this case the symptoms abated, and the disease was soon under complete control. In the tertiary case it was surprising how readily the pigmentation symptoms subsided and paled out.

The iodine remedy used in all these cases was the same, it was readily absorbed by the skin, and especially easy of application. It did not stain the skin, which was an advantage for my women patients. In periostitis and gummous lesions it is especially efficacious.

I used it in 25 per cent and 50 per cent dilution in olive oil; as Dr. Jules Goldschmidt had used europhen in 5 per cent solution in olive oil, for macular anesthetic leprosy, Dr. Goldschmidt accomplished with that remedy which is also a nascent iodine preparation, remarkable success in the removal of his maculations, even in leprosy, though he did not cure his leper, as he at first thought he was doing.

Pigmentation of the skin is a symptom belonging to a great many diseases, and diseased pigmentation as a symptom is sometimes shown by loss of pigment as well as by excess. What remedy therefore should be applied to a skin disordered in this peculiar manner? At once it is natural for any experienced physician to think of the iodides whether the disorder is due to systemic, or local disease of the involved tissue.

We can therefore readily understand by the study of this only disease I know of which has both excess and deficiency of pigment throughout its evolution, as most prominent symptom, why there is reason in this method of cure. For my successful treatment of this case of pinta, the disease which has such unique distinction is proof positive that the remedy retarded outward proliferation of the pigment cells.

Iothion is a new and elegant preparation of the iodides, which I used as I have said, like Goldschmidt used the europhen treatment in leprosy.

The Sunday School Times, Philadelphia, has recently published several articles of special interest to physicians; as, for example, "Science's Exposure of Alcohol's Frauds," by Matthew Woods, M. D., Philadelphia, November 13, 1909; "Physician's Straight Talk on Alcohol," by Woods Hutchinson, M. D., New York, February 5, 1910; "Medicine and Medical Men in Bible Times," by Robert N. Willson, M. D., Philadelphia, March, 6 1910.

ARE THE ELECTIONS IN THE A. M. A. AND ITS CONSTITUENT ASSOCIATIONS FAIR OR LEGAL?

G. FRANK LYDSTON, M. D.

CHICAGO.

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As is well known, I have for some time been endeavoring to institute a reform movement in the politics of the A.M.A. and its constituent bodies. In furtherance of this movement I herewith submit to various journals for publication certain facts which, it seems to me, should prove to any reasonable or fair-minded man the logic of my contentions.

1st. The voting unit of the A.M.A. is the legally qualified member of the district or county society. If this voting unit is not a voting member of the A. M. A. he is not legally qualified to vote for any officer who functionates as an elector in the A. M. A. Note, please, the following:

a. The voting unit in the district or county socity votes for a councillor or councillors.*

b. The council votes for state delegates.*

c. The state delegates vote for delegates to the A.M.A.

d. The delegates to the A.M.A. elect its officers and through these officers transact its business.

The voting units are largely non-members of the A.M.A. and not legally qualified to serve as electors in that body.

According to Dr. W. B. Dorsett, of St. Louis, Mo,. 295 out of 747 members of the St. Louis Society are non-members of the A.M.A. and therefore not qualified to vote for any officer who, or policy which, is directly or indirectly concerned in the official or business management of the A. M. A. And yet they do vote, the members of the A. M. A. paying a premium for political rights which are given to non-members free of charge so far as the elective franchise in the A. M. A. is concerned. What is true of St. Louis is true of Chicago and every other large city. In the Chicago Medical Society there are 503 non-members of the A.M.A.—these are all illegal voting units of the A. M.A. This throws the balance of power into the hands of the city members of the A.M. A. with a vengeance, and it is a power which can readily be abused.

According to the A.M.A. directory there are 73,478 members of state societies in the United States. Of these, only about

*In St. Louis both councillors and delegates are elected by vote of the general society, contrary to the general custom elsewhere.

35,000 are members of the A.M.A. More than fifty per cent, therefore, of the total votes cast in A. M. A. politics are illegal and absolutely unfair. In Illinois there are 5,246 physicians who are members of the State society. Only 3,310 of these are members of the A. M. A. Nearly 2,000 men, therefore, vote or are permitted to vote in A. M. A. politics in Illinois alone, who have no legal or moral right to vote. Nearly fifty per cent of the voters in the New York State Society are non-members of the A. M. A., hence vote illegally. When one considers the enormous financial and professional interests of the A. M. A., these figures are startling.

2d. *Affiliated Bodies.* I doubt if history can show a more ludicrous political farce than the affiliated special societies in the A.M.A. There are ten in Chicago, each represented by a councillor. One may belong to as many as he likes—to all, if the men in control of these organizations see fit to use them for political purposes. As each member is supposed to be a member and voting unit in his local society, he has as many votes in A. M. A. politics and in the constituent bodies—local and state societies—as he has memberships in the affiliated bodies. Thus, in Chicago, if he belongs to ten, he has ten votes for councillor in the affiliated societies; one for councillor of his branch society and one for councillor at large. Thus he has twelve votes to the ordinary members two! Should he himself chance to be, first, a councillor, second, a state delegate, third, an A. M. A. delegate, he has fifteen votes in all to the ordinary members two!

The local trustee of the A. M. A. in Chicago has been accredited with membership in five affiliated bodies. As he is a councillor, and state delegate, his total vote—for himself and coterie of supporters—is, therefore, nine!

Can the illegal vote of the affiliated bodies be controlled and used for partisan political purposes? Very easily—in fact it is so used. Of the eighteen councillors who voted against the A.M.A. reform resolutions recently adopted by the Chicago Medical Society, nine were from the affiliated bodies!

Comment would be superfluous. I would merely remark that the situation should be quite comforting to those who are inspired by political greed and desire for monopoly, but somewhat disquieting to the country members of the A.M.A. and especially to the members of the various state socities who are not members of affiliated bodies or even of the A.M.A., and who must perforce be content with a single vote—a pitiful crumb from the political table. Their illegal vote in the state society for A. M. A. representation should not console the latter class for the impositions put upon them in local and state politics. How do the down state members of the Illinois State Society like the picture? If they do not like it, let them recall their obtuseness and the manner in which their delegates followed the bell-wethers at the State meeting at Qunicy last May. Let them also consider whether they wish to continue feasting on political husks at Danville in May next.

As matters now stand, neither the A.M. A. nor the state societies are autonomous. To pile Pelion upon Ossa, matters are so arranged that men in the affiliated bodies who are not even members of the Chicago Medical Society vote for councillors from the affiliated bodies!

Preposterous, but true. The affiliated bodies in Chicago—some of them, at least—demand that an applicant for membership shall be a member of the Chicago Medical Society. If, however, he drops out of the Chicago Medical Society, his elective franchise is not taken away from him!

The spectacle of officers of the A. M. A. serving as, first, councillors, second, state delegates, third, National delegates, is decidedly un-American and very disquieting to one who has pride of citizenship and believes in equal rights and fair play in our medical societies.

Remedies.—1st. Exclusion of the affiliated bodies from illegal and unjust poiltical privileges, their members having only the same rights in the local societies as other members.

2d. Membership ballot in the state societies.

3d. Membership ballot in the A. M. A.

The only alternative for the ballot would be to compel all members of the state societies to join the A.M.A., for which alternative, my brethren, you would not stand for a moment. The voting should be done by the members in attendance at the meeting. This would put a premium on attendance and increase both attendance and enthusiasm. Nominations should be made on the first days of the meeting. A certain number of nominations by petition would aid in guarding membership rights and democratizing our politics. The place for registration could be made the polling place. The A. M. A., the state societies and the local societies should be made autonomous if we are to avoid the rocks and shoals of politi-

cal unfairness, absurdity and corruption—above all if we would avoid depostism. The ballot having been obtained, one thing more is necessary to secure autonomy for the constituent societies, viz., All officers of the A. M. A. must be prohibited from holding multiple offices and more especially from serving as councillors and state or National delegates.

Let the rank and file carefully consider the foregoing. Not today, nor perhaps tomorrow, but some time in the near future, the members of the local, state and National associations will recall what is here written and wonder why they did not sooner awaken from their lethargy and spiritless submission to almost incredible political conditions which have robbed them of their rights of citizenship as well as of the society membership rights for which they yearly pay their good money.

I have no axe to grind, my brethren, and once the necessary reforms have been established I shall return to more congenial pursuits than medico-political battles. It matters naught to me personally whether the members of the state societies go on and on forever, blindly following the lead of professional medical politicians, but it matters much to the rank and file whether the local and state organizations continue to be merely kitchens for A.M.A. politics. If the members of the state societies are content to allow the state organizations to continue to be merely adjourned meetings of A.M.A. officials, or at least of the large city societies, I presume that I ought to be reconciled to the situation. And yet, as a matter of justice to the rank and file, I am not.

A Bill to Protect the Public Morals by prohibiting the advertisements of the treatment of certain diseases has been introduced into the Ohio State Legislature by Assemblyman Grinnell. The text of the bill is as follows: "Any person, firm, association, or corporation who shall print, publish, or circulate any advertisement of or concerning any means, device, or method for the treatment, cure, alleviation, or prevention of any venereal, sexual, or menstrual disease, weakness, or condition, shall be fined not less than twenty five dollars nor more than three hundred dollars; providing, that nothing herein shall prevent such printing, publication, or circulation in exclusively medical publications not designed primarily for public inspection, or in trade journals circulated among dealers and not designed primarily for public inspection."

PROGRESSIVE MUSCULAR DYSTROPHY OF THE JUVENILE TYPE.*

J. M. BRADLEY, M. D.
ST. LOUIS.

Among the more recent writers and investigators there is an evident tendency and inclination becoming more apparent, to place all the various forms of dystrophic and atrophic types under the general heading of Progressive Muscular Atrophy, sub-divided into only two main groups, the spinal, in which three are known and demonstrable lesions in the gray matter of the cord; and the myopathic, in which the lesion is supposedly in the muscles and muscle nerve terminals, and in which no cord lesions have been demonstrated.

Broadly speaking, and without attempting to get down to hair-splitting definitions, a dystrophy may be defined as a muscular wasting, either with or without an initial hypertrophy, and supposedly depending on changes occurring primarily in the muscles affected.

There is unfortunately a very great diversity in the manner of classifying and grouping these diseases, varying widely according to the particular views of the author or investigator who makes the classification.

The difficulty of thorough study in these cases has been further added to by the fact that these atrophies and dystrophies are not in themselves often fatal, and it is only occasionally, even in very large hospitals that a death occurs from this cause, and when death does occur, either from the dystrophy or some intercurrent affection, it most often happens that the cord can not be obtained for pathological study by reason of the opposition on the part of relatives of the deceased. Nevertheless in spite of these difficulties there has been gradually accumulating a sufficient number of cases and facts showing that all the various forms may and do at times insensibly merge into other types so that I think that it is safe practice, even now to disregard all the various types or at least no longer to consider them as separate entities. This would greatly simplify the whole subject. We should have then to consider only two main groups:

1. Those with demonstrable spinal lesions, and

2 Those without demonstrable spinal lesions. Which would give us practicaly the same results as classifying them as spinal and myopathic.

* Read before the St. Louis Medical Society, April 9, 1910.

Now to say that there are no demonstrable lesions in the gray matter of the cord in the myopathic dystrophies, does not necessarily prove that none are present. It is in my opinion only a confession on our part that we have not as yet acquired sufficient skill in our methods of pathological examination; in all probility it will be found that with the gradual improvement in the technique of microsocpical work, changes will be demonstrated in the cord in all cases of progressive muscular dystrophy, no matter of what type; changes similar to such as we now know to take place in prorgessive muscular atrophy of spinal origin.

It is true that there are certain clinical differences between the two general groups, the spinal and myopathic, which may after all be a question of degree rather than of kind, such differences, for example as the presence of fibrillary twitchings, increased reflexes, and sometimes the reaction of degeneration in the atrophies of spinal origin, and which are occasionally seen in peroneal atrophy one of the myopathic group; the absence of these symptoms however in the myopathic group does not to me seem to prove that they are not possibly also either in whole or in part, of spinal origin. There are also of course certain pathological changes which take place in the muscles themselves, such as splitting of the fibres, hyperplasia, increase of fat, and substitution of connective tissue for the muscle fibres; so that we have as you will observe in this case, what are apparently very beautifully developed calf muscles, but on account of these changes taking place in the muscles they have but very little contractility or strength. Their weakness is particularly elicited and noticeable during such actions as climbing a ladder or stairs.

The history of the case presented is as follows:

The patient is a married man, German, 45 years old, marble cutter, there are no neurotic tendencies in either his father's or mother's side with the exception of migraine in the mother. A very careful questioning fails to reveal any evidence of atrophic trouble in any of his relatives. No degenerates, psychoses or neuroses in the family.

Has been healthy always with the following exceptions: measles at age of 5 years, gonorrhea at 19, malaria for two weeks at 20, gonorrhea again at 20. At 21 years he had a chancroid with suppurating inguinal glands, was operated on for same, and had no subsequent eruption; 9 years ago had an injury to the coccyx, which pained him for a day or two, but gave no further trouble.

Has been a moderate drinker of beer, and for a period of two years was in the habit of drinking five glasses of whiskey daily. His weight now is 134 pounds, three or four years ago weighed 150.

As a boy he noticed that he had unusually large calf muscles; he first noticed this at about 12 years. Some eighteen years ago, he was wakened one night with a sudden severe pain in the right shoulder in the region of the scapula; he was away from his work one day. After that time he always noticed a weakness of the right shoulder and arm. He did not notice anything further until about six years ago, when he began to have slight sudden pains in the legs, first in the right, later in the left. Has at times twitching sensations in the legs and right shoulder. The knee-jerks are almost absent, brought out on reinforcement. For the past year he has noticed a very marked decrease in sexual desire and power. His last child was born two years ago.

The muscles of the left leg react very sluggishly to faradism, while those of the right leg react promptly. Has a slight lateral curvature of spine, and anterior curvature, with pelvis tipped forward. He has atrophic pectoral muscles, very marked atrophy of the trapezei and rhomboids with hypertrophy of the supra and infraspinatus, giving rise to a very characteristic winged scapula. He has hypertrophic deltoids and triceps, and to a lesser extent the biceps. The muscles of the forearm and hand apparently not yet affected. The left glutei are very hypertrophic, the right to a lesser extent. Both calf muscles are hypertrophic. The thighs are just beginning to assume the bottle shape appearance so characteristic of the atrophic muscles. He has been growing gradually weaker but is still able to retain his position.

Some of the remarkable features of the case are:

1. The absence of any discoverable heredity.
2. The rather unusual length of time the disease has existed, nearly 33 years, without causing disability.
3. The almost universal involvement of the somatic muscles.

Premiums to Nursing Mothers.—In some German cities women are given a premium for nursing their children. This has a good effect and the number of nursing mothers has increased. Rather peculiar to have to pay to mothers for something which they should consider a great privilege. But our social system is rancid, to use a mild term

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EDITORIAL

The State Meeting at Hannibal.

Present indications are that St. Louis is to send a larger delegation to the coming meeting of the State Association at Hannibal than it has ever sent to a previous meeting. The local committees at Hannibal have made no special effort to notify the medical press, outside of the State Journal, of their preparations for the meeting, and we understand that no programs will be sent out previous to the meeting; from the State Journal we gather the following information:

The physicians of Hannibal (Marion County Medical Society) have about completed arrangements for the coming session of the association on May 3, 4, 5. At this writing the plans for the meeting are as follows:

The general sessions, the House of Delegates and the Medical Section, will hold their meetings in the Assembly Hall of the Mathew-Columbus Building. The Surgical Section will meet in the Commercial Club, whose building adjoins the Mathew-Columbus Building. The Eye, Ear, Nose and Throat Section will meet in the Mathew-Columbus Building. There are a number of small rooms adjoining the meeting halls suited for the Judicial Council and committee work, as well as for exhibitors. The rooms are commodious, with plenty of light and admirably adapted to the uses of the association.

It is planned to arrange the work of the delegates so that all business affairs may be completed on the morning of the first day; this will permit the association to convene in general session in the afternoon for the reading of special reports which have special scientific interest for all members. Another departure is being considered, namey, the reading in the general sessions of certain papers which are of general interest, but which are listed in the sections.

Marion County Medical Society is making preparations for entertaining the members in a most cordial manner.

A committee of Hannibal physicians will meet all trains and conduct the members to their hotels. Dr. R. H. Goodier is chairman of the Committee of Local Arrangements, and will be glad to correspond with any members concerning any special arrangements that may be wanted. A Bureau of Information will be established at the Commercial Club rooms.

The following is a list of the hotels at Hannibal with the rates per day:

Mark Twain Hotel (headquarters), American plan, $2 to $3 per day. Conklin Hotel, American plan, $2 per day. Kettering Hotel, American plan, $2 per day. Windsor Hotel, European plan, 50c to $1 per day. Union Depot Hotel, European plan, 50c to $1 per day.

Members should write promptly and reserve accommodations in advance so that there will be as little confusion and disappointment as possible upon arrival. The Local comittee of Arrangements will have a list of boarding houses and private homes where members may secure accommodations. Communications on this subject, addressed to Dr. R. H. Goodier at Hannibal, will have attention and rooms will be reserved.

Deaths by Violence During 1909.

The Coroner's report for each year presents data which must be of interest to every physician, it emphasizes the hazard of life from violence in a highly civilized community and the necessity of greater precaution on the part of certain classes as a matter of justice to others. We are considerably surprised to find that the automobile has not played a greater part in the mortality; it is certainly playing a more fatal part this year. The Coroner's report shows that seven persons were killed by automobiles in St. Louis in the 12 months from March 31, 1909, to March 31, 1910, which was the number of deaths for which automobiles were responsible during the same months of 1098-09.

Three verdicts of criminal carelessness were returned by the juries which investigated the seven killings of the last year. The other cases were declared to be accidents. In 1908-9 but one verdict of criminal carelessness was rendered.

Suicides constituted 12 per cent of the

1665 cases considered by the Coroner in the annual period ending March 31. More than 4 per cent of the deaths investigated were homicides. Two hundred persons took their own lives and 72 were killed by others. Fatal accidents totaled 741.

Suicides were not within ten of the preceding year's total, while homicides increased by seven. There were 68 more deaths by accidents last year than in the previous twelve months.

In the homicidal statistics, the negro was more conspicuous than he should have been. Thirty-one negroes were victims of intentional killings. That was something more than 43 per cent of the entire number.

Of the 471 persons who were killed in accidents, 361 were males; 429 were white and 42 were negroes. The unmarried suffered most, their number being 208.

The commonest causes of accidental deaths were steam and street railways. Street cars killed 53 persons. Steam roads were responsible for the deaths of 55. Many of the latter, while occurring in St. Louis, were of employes injured outside of the city.

Several fatal accidents were due to the existence of railroad grade crossings, although the coroner does not tabulate them separately in his report.

One hundred and thirty-nine persons were killed by falls; 15 accidentally poisoned themselves, 11 were burned to death, and one—a child—was choked by a collar button.

Almost three times as many men as women committed suicide between April 1, 1909, and March 31, 1910. The exact ratio was 149 to 51.

Whether or not marriage was a factor in suicides, the coroner's record shows twice as many married as single persons took their lives. The totals were: Married, 106; single, 57; divorced, 3; widows and widowers, 24.

Eleven persons between the ages of 10 and 20 years were on the list of suicides. Forty-six persons between 20 and 30 years old, and 42 between 30 and 40 years old, took their lives. Thirty-seven persons between the ages of 40 and 50, and five between the ages of 70 and 80 were suicides.

Seventy-eight of the 200 persons who killed themselves were of foreign birth. Of the foreigners, in turn, 49, or about 63 per cent were from the Tuetonic countries. Thirty-eight were from Germany.

Among women the occupation "housewife" appears more frequently than any other. More laborers than any other class of men took their lives. Ten female domestic servants, and two stenographers were in the number of those who ended their lives. Ten clerks, ten salesmen, one policeman and a physician also were in the list. But one saloon keeper committed suicide.

Ninety-nine suicides used poison. Of these 81 chose carbolic acid. Thirteen hanged themsleves, 13 asphyxiated themselves with gas, 53 shot themselves, six stabbed themselves, three cast themselves in front of locomotives, nine drowned themselves, one—an insane patient—leaped into boiling water, and three jumped from roofs or windows.

The largest number of suicides—twenty-three—for one month was reported in March, and the smallest—eight—in February.

The Exceptional Child.

The admission of the eleven-year-old Sidis boy to the Freshman class of Harvard University and his phenomenal ability as a student of mathematics has drawn the attention of those interested in educational matters to the exceptional child and his education. Formerly children were classed as average and backward, the exceptional child was understood to be the child of slow mentality, the "under average" child. This class of pupils has received considerable attention at the hands of educators and physicians during recent years, merited attention and to good purpose, and there has resulted the establishment in various cities of special schools where the backward child can be coached and encouraged to a grasp of the subjects which the average child comprehends with no great difficulty, a little time and patience on the part of a properly trained teacher brings many of these children to normal mental ability, they discover what it is all about and what they are really after, and it is presently possible to transfer them to the regular schools. But in the regular schools not only this class, but all pupils have to meet the discouraging presence of the occasional "exceptional child," the child who is a joy to the teacher's heart because of his brilliancy, who is trotted out as a show-piece on all occasions; who seems to learn without studying, and for whom no lessons are too long; in his presence the average child appears backward. Lessons are laid out by the teacher on the mistaken notion that all the class should live up to this prodigy; grief, discouragement, despondency are the lot of his

fellows. The exceptional child should not set the pace for the normal, the average child, in fact the prodigy has as little place in the general school as has the under average child; we are not at all certain that the presence of a child of eleven years is going to work to the general advantage among Harvard freshmen; we very much doubt it. And the lot of the exceptional child himself is hardly one to be envied, petted, paraded, spoiled; we can see for him a possibility of baised training, lack of the good common-sense characteristics which digging gives the average pupil, and all sorts of "nervous prostration" experiences as sequelae to the forcing of his mental development. Be this as it may, we believe that the exceptional child should be furnished his special school, or be made to proceed slowly, as do those with normal intellects. Such a school might gather together such abnormal intellects and nurse them into something of real practical value, but we would prefer that the forcing process should be applied to other people's children.

The Declining Birth-Rate and the Physician's Duty.*

Dr. Edward J. Wynkoop cites two of the numerous factors which seem to foster the decline of the birth-rate in this country, viz.: 1st, the prevalence of the venereal disease, and 2d, the deliberate attempt to prevent pregnancy, and if pregnancy does occur to seek to interrupt its normal course, and considers whether the profession cannot do more towards preventing this serious state of affairs. The care of cases of venereal diseases has always been an exceedingly difficult one, and it always will be untill the people are educated to a right understanding of the true nature of the infection and understand that until a cure is effected the diseased patient is a menace to society. Already the death rate from consumption has lessened since a campaign of education has been started, and there is no doubt but that a campaign properly conducted would have an even better effect in preventing the venereal diseases. As family advisers, physicians should urge parents to teach their children to know themselves and not wait to hear it from some outsider. Not only at home, but in the schools and colleges should this knowledge be taught. Through the different societies and organizations, all districts, factory as well as society, can be invaded and a true understanding of this peril that confronts us, be fully appreciated. The deliberate attempt to prevent pregnancy, or if it occurs to attempt to interrupt it, is altogether too common. Sometimes the newly-wed seek to prevent, or at least postpone, conception; the society dame wants no children at all; another has one and wishes no more. When these, as often happens, come to the physician for advice or help to accomplish their designs, they should be shown the folly and wrong of interfering with nature, as well as the danger to the woman of serious pelvic disturbances ensuing. Many times, when refused the aid desired, they go elsewhere, for unfortunately, we have within the profession those who have neither scruples nor honor and live like vultures on criminal practices. Fortunately, most of these are without the pale of the various organizations, but our duty does not rest with simply letting them pursue their calling uninterruptedly. This is a field for the stern arm of organized medicine to deal with, and dealt with it it must be.

* Pediatrics, October, 1909.

ST. LOUIS ITEMS

Dr. William Porter has removed his office from the Commercial Building to 3886 Washington Ave.

Dr. C. R. Dudley announces the removal of his office to the Carleton Building, Sixth and Olive streets.

Dr. Edward Miller is now located in the Metropolitan Building, whither Dr. W. H. Rush will also remove his offices.

Dr. W. E. Fischel has returned from Baltimore where he attended the dinner given in honor of Dr. William H. Welch.

Dr. J. A. Witherspoon, of Nashville, former president of the Mississippi Valley Medical Association, was elected to the presidency of the American Medical College Association at its recent annual meeting at Baltimore.

Alumni Association Elects Officers.—The Barnes University Alumni Association, at its annual meeting, March 25, elected the following officers: President, Dr. Walter U. Kennedy; vice presidents, Drs. Orril L. Suggett and Genevieve S. Beckham; secretary, Dr. Charles A. Vosburgh, and treasurer, Dr. Elbert J. Lee, Jr., all of St. Louis. The association decided to give a banquet during the meeting of the American Medical Association.

CORRESPONDENCE

SOMETHING MORE ON THE CYSTOSCOPE CONTROVERSY.

To the Editor Medical Fortnightly:

My Dear Doctor:—I do not purpose in this to renew or prolong the discussion on originality and priority in matters cystoscopic—a discussion that was unnecessary and uncalled for, in the first place, and has become tiresome and distasteful, in the second, considering the undignified aspect into which it has been brought by the ceaseless yet absurd efforts of Dr. F. Tilden Brown to malign me. On the merits of the questions at issue I have already made my responses* two years ago, and I have seen no reason since that time to alter the views then expressed. Indeed, they have been confirmed in many ways. Since the publication of the papers mentioned I have received many letters from urologists of this country, some of them personal friends of Dr. Brown, who strongly commended my position as being irrefurable and absolutely correct; and who declared that Dr. Brown's attacks were as senseless as they were unjustified.

I willingly accepted the position taken by the Association of Genito-Urinary Surgeons in 1908, at Hot Springs, Va., when it adopted Dr. Alexander's motion to exclude all personalities and adjudication of grievances from its work. The paper then read by me was strictly historical and impersonal, and appears in the Transactions of that year. The paper read by Dr. Brown at the same session was full of rankling personality and abuse, and was never admitted to the Tranasctions as read. Reference to the Transactions of 1908 will readily confirm this. Nevertheless, within the past month I have received a copy of a paper by Dr. Brown entitled: "Dr. Bransford Lewis' Universal Cystoscope"(!) or, the Writer's "Composite Cystoscope;" Which? This purports to have been "Presented in part at the Annual Meeting of the American Association of Genito-Urinary Surg., May, 1908, at Hot Springs, Va." The misrepresentation of this pretence is shown not only by the evident fact that the reading of such abusive material was directly prohibited by the motion adopted at the meeting, but also by the further fact that this reprint composed mainly of attempted answers to the paper that I read at that session. The physical impossibility of his listening to my paper and immediately reading a lengthy response to it, is apparent. A quotation from this reprint, on page 2, indicates this literary gymnastic feat: "Dr. Lewis has read his paper! and it is now easy to see why time was necessary for its preparation," etc. Dr. Brown does not hesitate to use the Association's name thus unwarrantably and improperly, in the endeavor to support his absurd contentions.

I do not intend answering this his latest effusion for reasons already indicated and for others readily apparent to one who reads it with its numerous "exhibits' and appendages; but I wish now briefly to recall attention to two facts:

First, that my contributions of 1908 on this subject, backed by quotations, citations and irrefutable documentary evidence, left Dr. Brown in this position: Of having charged me with laying claims to originality and priority, when the facts were that I had frankly disclaimed any such distinction in making the presentations of my universal cystoscope in 1906.* That, so far from his having originated the double-catheterizing feature for cystoscopes, as he had repeatedly and pointedly claimed, and was still claiming until my responses appeared, he had been anticipated in devising and applying that feature by ten years, in the composite cystoscope of Boisseau du Rocher; and that Dr. Brown's own writings indicated his acquaintance with this feature of the Boisseau instrument. That so far from his having originated the 'composite' or sheath-and-telescopes plan of cystoscope, that plan had been developed by Boisseau and adopted in the succeeding years by such authors as Gueterbock, Fenwick, Nitze, Albarran, Koch, Lang and Schlagintweit before Dr. Brown had ever begun to shed the light of his genius on the subject. In other words, that he was guilty, according to his own standards, of the very acts of plagiarism that he was frantically endeavoring, by various methods fair and foul, to lay at my door: And, the while, I had definitely disavowed claims to originality, as was plainly recorded in my writings.(*)

* "Individuality in the Development of the Modern Cystoscope;" Transactions of Amer. Assn. of Genito-Urinary Surgeons, 1908, page 114, "Resume of Progress in the Development of Modern Cystoscopes," Transactions American Urological Assn. 1908, page 215. "Originality and Priority in Modern Cystoscpes; A Reply to Dr. Tilden Brown," Buffalo Medical Journal, August, 1908.

*In the initial presentation of the universal cystoscope, before the American Urological Association, at Boston, June, 1906, I had used these words: "In presenting the next candidate for cystoscopic favor, I do so with the full realization that there is no yawning vacancy in the cystoscopic field: that 'there are others' already in the field: also that it is difficult to find anything really new and original, at this eate, in the cystoscopic world; that most of the so-called 'new, features are simply modified settings or assemblages of features already made use of. It is not desired to lay any especial claim to priority or originality in this instrument; utility is its basic principle." Trans. American Urological Association, 1906, American Journal of Urology, December, 1906, page 595.

The second point to which I wish to recall attention and one with which most of the members of this Association are already familiar is the following: That my universal cystoscope, made with double fenestration of the beak, inverted lamp, etc., was made for me by the Wappler Company during 1906 and 1907 and under the name Bransford Lewis Universal Cystoscope. Dr. Brown's composite cystoscope until well into 1907 was made with the lamp composing the tip of the beak as every one acquainted with the subject knows. In the latter part of 1907 there was a severance of my relations with the Wappler Company; and the instrument that up to that time had been made under my name and at my direction thereafter appeared and was sold under the name of F. Tilden Brown—his "model of 1908." It is pictured in the reprint recently received from Dr. Brown page 1, and with his usual candor and ingenuousness the author alludes to the identity of the appearance and construction but fails to give the chronological data above mentioned. The two instruments are identical, but they were made under my name for more than a year before, chameleon-like, they changed to that of Brown.

But who cares? I do not. I am seeking no redress and wish to air no grievance. I have been achieving what I attempted, the making of a good, all-round examining and catheterizing cystoscope, that appears to have pleased many of my conferres, so I am satisfied. Furthermore, I expect to have nothing further to say respecting the cystoscopic controversy. Very Truly,

BRANSFORD LEWIS.

St. Louis, Mo.

Dr. Parvin regarded an absolute milk diet as the very best means of treating albuminuria of pregnancy.

Change in Hospital Administration.—After two years of agitation and debate the local Municipal Assembly has adopted the new law for the management and control of our municipal hospitals, and the mayor's signature has made the same effective. The law takes these institutions from the Health Department and inaugurates a new, independent department under a Hospital Commissioner and a board similar to that of the Department of Education. It is a tremendous step toward bettered conditions for the city and her wards. The adoption of the law comes too late for details at this time, but we will, in our next issue, say more on the subject.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

INTERNAL MEDICINE.

O. E. LADEMANN, M. D.

The Value of Blood Cultures in the Diagnosis of Typhoid Fever.—Todd (Jour. A. M. A., March 5, 1910) says that bacilli are present in the blood in every case of typhoid fever throughout its course, and their destruction with liberation of endotoxins is the probable cause of the disease. Bacteriologic examination of the blood offers a means of making a positive diagnosis in practically every case during the first week. Its usefulness decreases as the disease progresses, but is still great during the second and third weeks. The blood-culture is in a sense complimentary to the Widal test, the one decreasing as the other increases in reliability; but the former is the more useful in that it allows of earlier diagnosis, and that its results are not liable to misinterpretation. The two methods, used together, will establish the diagnosis in nearly every case at any stage. Bacilli disappear from the blood in convalescence and reappear in a relapse; and a culture is thus useful in distinguishing a true relapse from a febrile complication. The technic is so simple that the blood culture is applicable to routine clinical work, and should be employed in every suspected case. The most reliable results are secured when the blood is withdrawn from a vein, and this method should be adopted whenever practicable. When the blood is obtained from a skin puncture, results in the first week are slightly, if at all, inferior; and this method may be used when the other is not feasible. The time required for the detection of the bacillus is usually twenty-four hours.

Lumbar Puncture in the Light of Recent Advances.—Hultgen's (The Am. Jour. of the Med. Scs., March, 1910) conclusions on the subject of decompression in the treatment of meningitis is based on a study of four cases. He says (1) the semeiology of meningitic symptoms is identical with that of pressure phenomena. (2) The infectious toxic or toxic infectious factor in meningitis has been over rated hitherto, and the mecanical element of this clinical picture has been neglected. (3) The early diagnosis of meninigtis depends mainly upon the recognition of actual or suspected intracranial hyperpressure, the removal of which be-

comes at once the foremost therapeutic ndication. (4) Decompression by means of lumbar puncture is feasible in the vast majority of cases because the aqueduct of Sylvius is seldom totally occluded. (5) The fact that Quincke originated lumbar puncture for the removal of intracranial hyperpressure gains additional value in the light of the recent studies of Harvey, Cushing, Spiller, Frazier, Horsley, Bradley, Theodore Kocher and others. (6) There are several reasons for the enormous mortality of tuberculous meninigtis: first, the injury to the brain, due mainly to pressure, causing a degenerative encephalitis; second the co-existence of advanced tuberculosis elsewhere in the body, usually in the lungs; and third, the occurrence of miliary meningeal tuberculosis, as a terminal infecting in such diseases as nephritis, cirrhosis of the liver, etc. (7) Tuberculosis of the cerebrospinal meninges owes its danger to the mechanical effects produced by the excessive pressure upon the medullary centers or the gray matter, not to its infections character, for, as we well know, tuberculosis elsewhere has a remarkable tendency to self-cure.

Hemophilia with the Report of a Case of Typhoid Fever in a Hemophilic Subject.—Larned (The Am. Jour. of the Med. Scs., March, 1910) gives a brief historical sketch of hemophilia and discusses at some length the etiology, pathological, anatomy, symptoms, prognosis and treatment. The case detailed by him offers the following points of interest: The inheritance came through the father, who was himself a bleeder; it is the first case, so far as the author knows, of typhoid fever reported in a bleeder; a case of typhoid fever may be brought to a successful termination in a patient so afflicted; no hemorrhages occurred from the intestinal lesions; the succcessful termination in this instance was probably in a large measure due to the fact that at or about the age of 40 the hemorrhagic tendency abated; in this man's case the principal manifestation of the hemorrhagic tendency had been attacks of epistaxis, the only other serious hemorrhage having occurred at the time of the operation upon his toe. Whether the careful administration of calcium lactate, which had been given the patient, is really of subtsantial benefit can only be determined in the future after trial in a relatively large series of such cases.

Subjective Fremitus as a Diagnostic Means.—Knopf (N. Y. Med. Jour., Jan. 22, 1910) understands by this term the vibrations a patient feels in his chest when requested to make a humming sound with the mouth closed. If there is a sufficient pulmonary consolidation on either side the patient will feel the vibrations caused by his voice and indicate where he feels them. Knopf has found this subjective fermitus a useful adjuvant in early tuberculosis when the difference in objective fremitus (ordinary vocal fremitus) is too slight to appreciate. Where the differentiation of vocal fremitus is difficult in any locality, which is particularly frequent in incipient pulmonary tuberculosis most often located in the apices posteriorly, Knopf presses his forehead on the dorsal surface of his hand eliciting fremitus in this manner, claiming that the vibrations are more delicately perceived by the direct communication with the brain through the frontal bone.

Congenital Family Cholemia.—Poynton (London Lancet, Jan. 15, 1910) reports three cases of recurrent jaundice in the same family, the cardinal features of which were: (a)They all had jaundice immediately after birth. (b) They had more than one attack. (c) They all had enlargement of the spleen and liver during the attack. (d) They were anemic and showed definite changes in the blood. (e) They were somewhat undersized and delicate.

The Clinical Significance of Aerophagia.—Vanderoof (Jour. A.M.A., Feb. 26, 1910) summarizes his paper on the subject as follows: 1. Aerophagia is a well-known clinical phenomenon, seen in its most characteristic form in cases of hysteria. 2. It occurs, however, in normal individuals, and is a most common symptom in functional stomach disorders. 3. In such cases its significance is very frequently misinterpreted as being due to some form of fermentative dyspepsia. 4. Actual fermentation in the gastro-intestinal tract is a rare occurrence, and never gives rise to excessive quantities of gas that are expelled by the aerophagic patient. 5. Aerophagia is a neurosis associated with loss of tone in the muscular walls of the stomach, so that the organ is easily inflated by air swallowed with food or between meals. 6. It is entirely independent of the character of the gastric secretions, and occurs relatively as frequently in patients with anacidity as in those with an excess of hydrochloric acid. 7. It does not depend on what the patient eats, but on the condition of the stomach nerves when he eats. 8. The treatment of the condition, after excluding all organic diseases, and correcting all possible reflex causes, consists principally in explaining to the patient that

the gas he eructates is not due to fermentation, but that it is atmospheric air he unconsciously swallows.

SOCIETY PROCEEDINGS

MEDICAL SOCIETY OF THE MISSOURI VALLEY.

Twenty-second Semi-Annual Meeting, held at Omaha, March 17-18, 1910.

(Continued from page 146.)

Antitetanic Serum in Tetanus.—Dr. F. B. Dorsey, Keokuk, Iowa, emphasized the necessity of giving repeated doses of this serum at stated intervals as a prophylactic. Large and repeated doses do not always counteract tetanus when it is once established. He reported five cases.

DISCUSSION.

Dr. C. C. Goddard: If there is any virtue in antitetanic serum, it must be used early or not at all. One remedy I am going to try and use it to the limit is apomorphin, as I believe we will get more benefit from it than from chloral.

Dr. R. Willman mentioned a case of tetanus in which he used apomorphin, as well as sulphate of magnesia and sulphate of soda combined, with gratifying results.

Dr. O. Beverly Campbell said that sulphate of magnesia and sulphate of soda are good in their place, but when tetanus is fully developed he would just as soon use Missouri River water. He has never seen a case of true tetanus cured by any method of treatment.

Should Operation for Ruptured Tubal Pregnancy Be Immediate or Deferred?—Dr. John E. Summers, Omaha: In the majority, say about 95 per cent of cases of ruptured tubal pregnancy, no operation should be done until reaction from the shock of rupture has taken place. In the remaining 5 per cent of these cases no delay is permissible. The urgency for operation can be recognized in most patients by the differences in the initial symptoms. In borderline cases the same rules of recognition apply. A differentiation must be made between hemorrhage and shock, immediate and recurring.

DISCUSSION.

Dr. B. B. Davis, Omaha: I have done many of these operations; many of these patients will go through the original hemorrhage and shock and will rally and be in a much better condition for operation than at the beginning of the hemorrhage. For a long time I took the position that ruptured tubal pregnancy ought to be operated on at once, but for the last two or three years I have delayed operation for at least a few hours.

Dr. O. Beverly Campbell, St. Joseph, Mo.: I believe that every case of ruptured ectopic gestation is a law unto itself, and the judgment of the surgeon should be used. In many of these cases, delay in operating is indicated. My experience has been that in most cases a blood clot will form and hemorrhage cease, and that we should wait until shock has passed off and the patient has reacted before operating.

Dr. Donald Macrae, Council Bluffs, Iowa: I am not in a position to differentiate between one case and another, and to say that this patient is or is not in a serious condition, and so in cases of ruptured tubal pregnancy I am going to operate as soon as I can, as I do not know which case is going to terminate fatally, and which is not.

The Physical Basis of Mental Disease.—Dr. Frank P. Norbury, Hospital, Ill., delivered the oration in medicine, and among other things, said:

The interrelationship of mind and body will ever be a fruitful field for discussion, and may never be solved to the satisfaction of all, but the time is coming, and is not far distant, when somatic will have precedence over purely mental symptoms. Our therapeutics must and will be adjusted to meet the conditions as they are, not as they are supposed to be.

Local Anesthesia.—Dr. Leonard Freeman, Denver, delivered the oration in surgery. He referred to the early history of chloroform and ether and the dangers attending the administration of these anesthetics. Nervous and hysterical patients are not suitable for local anesthesia. The patients, he said, must be selected with care and the surgeon must consider age, temperament, nervous control of the individual, etc. Among the operations which can be done under local anesthesia he mentioned the removal of tumors of the scrotum, castrations, epididymectomies, varicocele and hydrcocele operations.

Rapid and Complete Cure of Gonorrhea.—Dr. Thomas M. Paul, St. Joseph, Mo.: A cure is not complete unless it results in the absolute eradication of gonococci from the genito-urinary tract, and such a cure can never be rapid in the sense in which that term is used by the laity.

Why the Indifference of the Profession to Morphinism Should Be Changed.—Dr. S. Grover Burnett, Kansas City, Mo., described three types: 1. Simple morphinists belong to the better class of mentalities. They inherit or acquire a tendency to nerve weakness by exhaustive taxations of nerve energy. The drug is taken to relieve physical and exhaustive nerve discomfort. 2. Morphinomaniacs are lower in intellectual stability and acquirements. The inherited weakness of nerve and mind energy is the rule, and a predisposition to add acquired exhaustive states is strong. The drug is taken to relieve exhaustive psychic pain, mind pain, mind discomforts. The action of the drug is to cause further mind deteroriation in a mind already near the borderline of insanity. 3. Delusional or motiveless morphinists are sufficienlty over the borderline of insanity to cause them to take the drug because of faulty mind, delusional states. The condition is apt to end in a terminal insanity.

Treatment of Localized Appendicular Abscess.—Dr. Van Buren Knott, Sioux City, Iowa: The removal of the appendix at a secondary operation is frequently difficult because of the density of the surrounding adhesions and in the majority of instances it will be found much easier to remove it at the first operation; and this should be done rather than subject the patient to a prolonged and often serious operation. The incision is invariably made through the right rectus muscle, splitting the fibers, and the peritoneal cavity freely open. A small gauze pack is tucked into the upper angle of the wound and so adjusted as to prevent any extravasation of pus toward the liver or diaphragm. Another small pack is tucked in toward the median line from the upper angle of the wound to the lower pelvis to prevent any extravasation toward the left. The abscess cavity is then freely opened with the fingers, unless opened by the peritoneal incision, and the pus is rapidly mopped up with gauze sponges. The appendix is then exposed and removed. All adhesions separating the abscess cavity from the lower pelvis are freely separated and the pus or sero-pus, which is usually found in the lower peritoneal pouch, is rapidly mopped up with sponges. A large split rubber tube, from one-half inch to one inch in diameter and carrying a wick of iodoform gauze is inserted through the lower angle of the wound to the bottom of the rectovesical pouch, or cul-de-sac, the protecting gauze removed and the wound closed down to the tube with interrupted through-and through silkworm sutures. A large size tube is important, as I believe that the first two hours of drainage are those which count. The method is not advocated for the occasional operator, but for men of great experience.

Increasing Mortality in the United States from Heart, Brain and Kidney Lesions.—Dr. W. F. Milroy, Omaha, directed attention to the enormous increase of deaths from these diseases and offered suggestions as to what may be done by way of remedies.

Treatment of Angiomata and Nevi.—Dr. John Prentiss Lord, Omaha: The angiomata fall within the pale of surgery, while nevi, involving the skin only, fall within the sphere of dermatology. The conditions are so frequently assocated that it becomes impossible to divide their treatment. Boiling water is of great value in treatment of angiomata and carbon dioxid snow in treatment of pigmented hairy nevi.

Meeting of the Tennessee State Medical Society.—Under the very active and inspiring presidency of Dr. Jere L. Crook of Jackson, Tenn., the meeting of this society was held in Memphis on April 12, 13, and 14, last, many important subjects being presented in the contributions and discussions. The hook worm was given exhaustive attention in the symposium of Monday evening, in which the following named gentlemen participated, Drs. C. W. Stiles; George Dock, of New Orleans; Louis LeRoy, Memphis; G. N. Evans, Nashville; and Wm. Litterer, Nashville. The President, Dr. Crook, was especially happy in his admirable address, on "The Higher Mission of the Doctor," in which the position of the physician as a teacher was given due recognition. Beside Dr. Stiles and Dr. Dock, the guests of the society were: Dr. Bransford Lewis of St. Louis who read on "Some Phases of Diagnosis and Treatment of Prostatic Obstruction"; and Dr. W. H. Allport, of Chicago, who presented a most admirable study of the "Diagnosis of Retro-peritoneal Enlargements." Among the other contributors to the interest of this very successful meeting might be mentioned Dr. Sewall who presented a case of pellagra; Dr. J. L. Jelks of Memphis on Amebiasis; Dr. Duncan Eve, Jr., "Sprained Ankle;" Dr. G. C. Savage, "Acute Otitis Media;" Dr. M. C. McGannon "Stomach Surgery;" Dr. S. S. Crockett, "The Nervous Unsick;" Dr. A. B. Cooke, Nashville "Sub-phrenic Abscess;" Dr. Saunders, Nashville, "Tumors of the Bladder".

THE MONTH'S MAGAZINES

"The keynote of my conceptions is always human sympathy," writes Mme. Modjeska in the closing chapters of her "Memoirs," which will come to an end in the May Century. These chapters, besides recounting the experiences and satisfying successes of her last tours, reveal something of the intense and passionate love for Poland, of the great actress who died in California in April, 1909, and of her life hopes and ambitions. They are brimful of anecdotes of well-known people: Hugo, Paderewski, Josef Hofmann, Von Bulow, Edwin Booth, Salvini, Duse.

A "Good Road Agent."—How he stumped a Missouri county in favor of "rock roads" is told by Charles Dillon in the issue of Harper's Weekly for April 9th. "In the county to which I had been assigned," he writes, "the people rear back and strike out with all their feet at once and froth at the mouth at the mention of bonds, taxes, and automobiles. Also they suspect you of trying to get their signatures to a mortgage for a lightning rod or a washing machine, or they fear that you intend to ask them to renew their subscription to the paper." After one or two unhappy discussions, every man he hailed knew all about him and had his answer ready. "If I encountered a farmer on the road, he drove by as if he had been sent for a doctor. One man told me I resembled the county assessor, and it was weeks—after I had seen that official—before I knew what a body blow I had been dealt."

Playtime Songs.—(From Hildegarde Hawthorne's "Books and Reading" in May St. Nicholas.)—Besides these poems that were not written especially for children, there are many books which were so written. Among them are Robert Louis Stevenson's "Child's Garden of Verses," and the charming books by Eugene Field. I used to know Mr. Field when I was a child, and he was a famous playmate. Such games as he and my brothers and sisters and I had together, and what tricks he would play on us! But no matter for that; we adored him, for he understood children thoroughly, and was largely made up of pure child himself, for all his six feet of height and bald head. I remember how surprised I was after his first visit to us to read his "Little Boy Blue," which is so exquisitely sad and tender; for I was too young then to know that it is only the hearts that have intimate knowledge of sorrow that can also be the gayest and kindest.

Later on we heard Field read many of his songs. And one of them, "Seein' Things," was suggested to him by a small brother of mine, who came to breakfast one morning with round eyes still filled with terror, and related a tale of hobgoblin sights that had made the past night hedious to him. The last two lines of the poem,

No. rather let Starvation wipe me slowly out of sight,
Than I should keep a-livin' on an' seein' things at night,

impressd us as particularly awesome, since we were children of no meager appetite, while the prodigies performed at mealtime by that same small brother were truly wonderful. Well, it's all "over the years and far away," now. But the books are still here, and I find that my little nephews and nieces are as fond of them as we were, and as I hope you all are.

The Lepers of Hawaii.—No greater misconception of any public institution prevails today than the general idea of the Leper Settlement on the island of Molokai. Instead of the entire island being used for such purpose, the settlement comprises only eight square miles of a total area of two hundred and sixty-one square miles. It occupies a tongue of land on the northern side of Molokai. The north, east, and west shores of this tiny spit are washed by the Pacific, while on the south side rise precipitous cliffs of from eighteen hundred to four thousand feet, which make the isolation seem even more hopeless than the beautiful deep blue waters of the sea ever could. The most difficult and dangerous trail, constantly manned by government guards, foils escape, if it were ever contemplated by the land side. Naturally the fear of being isolated at the settlement caused the natives to thwart segregation. Generally it was done by secreting their afflicted, yet there are instances of lepers using violence to resist arrest. The necessity of severing ties of the strongest affection involved grief of the deepest description, and many are the cases of abnegation where the clean have accompanied the afflicted to the settlement to die there with them. Then too, by degrees, there grew up the belief among the natives that terrible mistakes of diagnosis by the physicians were consigning innocent and helpless people to the living sepulchre. And as each year failed to eradicate the disease as had been represented, but still claimed its toll, the belief became almost universal that a larger proportion of those committed were sacrifices to the despotism and ignorance of the white man's medical science that boasted but could not cure. By degrees, as

the government realized the inability of the afflicted to care for themselves, conditions were improved, until finally the authorities took entire charge of the lepers, and today the appropriations for the maintenance and care of these wards are most generous, and exceed $125,000 annually.—R. B. Kidd, in Harper's Weekly.

The Hookworm and the Shoe and Leather Trade.—The following communication appeared in a recent issue of the Woman's National Daily and is interesting as giving a layman's commercial viewpoint of the hookworm agitation: "Editor Woman's National Daily: I see you, in common with other great papers are caught in the present great 'Badger fight of the press agents.' You are excusable, however, since Mr. Rockefeller has been caught holding the snipe bag to the tune of $1,000,000. I know that I am very much astonished to see the press of the country becoming suckers and biting at this really simple advertising scheme of the hookworm and lazy disease business. It is an advertisement of the shoe and leather interest. This and nothing more. The children of the south going barefooted so much of the year has always been a thorn in the side of the shoe and leather men and they have hit upon a shrewd scheme to break it up, and Mr. Rockefeller has gulped it down, hook and all. The name they have given is laughable—'hookworm,' worm on the hook, for suckers to bite. 'The hookworm, according to New York medical authorities, is a hairlike parasite to which is charged a form of anemia prevalent among the poor people of the south'—who go barefooted. It is enough to make a monkey laugh, to say nothing of the press agent who wrote it. The hairlike parasite seems to have 'hooked Mr. Rockefeller's $1,000,000 and a lot of M. D., Ph. D. Ds. and a whole lot of big papers like yours. What fool we mortals be. J. N. CLEM."

Subscribe for the Medical Fortnightly.

Couldn't Fool the Boy.—A Hebrew boy, eleven years of age, who was a fever patient in a Philadelphia hospital, had shown a disposition to whine and complain at all times. The nurse was giving him an alcohol sponge, and, thinking to divert his mind, she said to him as she rubbed under his arms:

"Ticklish?"

Still whining, the youngster said: "No; Yiddish."

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THE MEDICAL FORTNIGHTLY
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Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

Hot Springs Therapy.—Physicians sending their patients to Hot Springs, Arkansas, will advance their own best interests as well as add to their patient's comfort, by recommending the Park Hotel where special attention and service is given in the hydrotherapeutic department.

A Coroner's Physician Sued.—A coroner's physician in New York has been made the defendant in a suit for $25,000. The plaintiff charges that the defendant illegally abstracted and retained her son's spleen and heart when he made an autopsy on the young man who came to his death as the result of an accident which ruptured his spleen.

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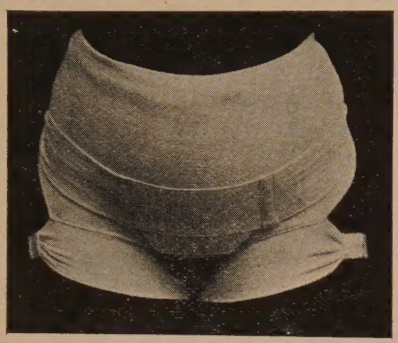

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LISTERINE

MEDICAL SOCIETY CALENDAR.

Amer. Association of Genito-Urinary Surgeons, Washington, D. C., May 3-4.
American Climatological Association, D. C., May 3-5.
American Dermatological Association, Washington, D. C., May 3-6.
American Gynecological Society, Washington, D. C.. May 3-5.
American Laryngological Association, Washington, D. C., May 3-5.
American Medical Association, St. Louis, June 7-10.
American Medico-Psychological Association, Washington, D. C., May 3-5.
American Neurological Association, Washington, D. C., May 3-4.
American Ophthalmological Society, Washingtou, D. C., May 3-4.
American Orthopedic Association, Washington, D. C., May 3-5.
American Pediatric Society, Washington, D. C., May 3-5.
American Surgical Association, Washington, D. C., May 3-5.
American Therapeutic Society, Washington, D. C., May 2-7.
Arkansas Medical Society, Little Rock, May 3-6.
Colorado State Medical Society, Colorado Springs, October 11.
Congress of American Physicians and Surgeons, Washington, D. C., May 3-5.
Idaho State Medical Association, Boise, October 6-7.
Illinois State Medical Society, Danville, May 17-19.
Indiana State Medical Association.
Iowa State Medical Association, Des Moines, May 20-22.
Kansas Medical Society, Topeka, May 4-6.
Kentucky State Medical Association, Lexington, October.
Louisiana State Medical Society, New Orleans, May 3-5
Medical Association of the Southwest, Witchita, Kas., October 11-12.
Medical Society of the Missouri Valley, Council Bluffs, Ia., Sept. 1 and 2.
Michigan State Medical Society, Bay City, September 28-29.
Minnesota State Medical Association, Minneapolis, October 6-7.
Mississippi Valley Medical Association, Detroit, Mich., September 13-15.
Missouri State Medical Association, Hannibal, May 3-5.
Missouri Society of Medical Secretaries, Hannibal, May 3.
Montana State Medical Association, Hunter's Hot Springs, May 11.
Nebraska State Medical Association, Lincoln, May 10-12.
Nevada State Medical Association, Lake Tahoe, Cal., September.
North Dakota State Medical Association, Grand Forks, May 10-11.
Ohio State Medical Association, Toledo, May 11-13.
Oklahoma State Medical Association, Tulsa, May 10-12.
Oregon State Medical Association, Portland, July.
South Dakota State Medical Association, Hot Springs, October.
Texas State Medical Association, Dallas, May 10-12.
Utah State Medical Association, Salt Lake City, September.
Washington State Medical Association.
Western Surgical and Gynecological Association.
Wisconsin State Medical Society, Milwaukee, June 22-24.
Wyoming State Medical Society, Casper, September 27.

Pharyngitis.—In the treatment of pharyngitis equal parts of Katharmon, glycerine and water is a very efficient application to stimulate the follicular secretions to a healthy condition.

Neuroses.—"As a sedative in neuroses of the stomach, Peacock's Bromides is particularly suitable because of its being devoid of irritating action of the commercial bromides, due in large part to the absence of impurities."

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La Grippe, Acute Coryza, by W. T. Marrs, M. D., Jewett, Ill.—What is the best method of aborting grippe or acute nasal catarrh? Several years ago a number of the leading medical men of the country were asked this question. The consensus of opinion was that the only appreciable way to shorten the duration is for the patient to go to bed and stay there until well. My observation prompts me to believe that sedation is more effective than stimulation. I can see no value in quinine. A vascular sedative, e. g., digitalis, aconite, does good. Calomel followed by a saline is very efficient at the beginning. Glyco-Thymoline in a 25 to 50 per cent solution with water used with the K. & O. nasal douche allays the congested mucous membrane of the nose and throat. It is alkaline, antiseptic and sedative, and always makes the patient feel more comfortable. When a more sedative action is desired I often put a little menthol with the solution. The patient should be instructed to keep the naso-pharyngeal mucous membrane in a clean, aseptic condition, as it is doubtless during colds that many cases of tubercular infection occur.